FILING DATE **CLAIMS ONLY** CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. CXD. TOTAL IND. TOTAL IND. **_** TOTAL DEP. TOTAL DEP. ٦, TOTAL CLAIM

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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